

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8077	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Albert H Biagas P.O. Box, Bldg., Room No., if any Suite 2430 Street 2 Penn Plaza City NY State New York ZIP Code + 4 10121	4. Name, file number, and address of labor organization. Name National Basketball Players Assoc. Labor Organization File Number 068-015 P.O. Box, Building and Room Number, if any Suite 2430 Street 2 Penn Plaza City NY State New York ZIP Code + 4 10121
5. Position in labor organization. Deputy Counsel	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/12/05

Date

212-655-0880

Telephone Number

Name of Person Filing Albert Biagas

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bank Of America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1185 Ave. of the Americas

City NY

State New York

ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Banking Relationship

11.b. Approximate dollar value of such dealing.

\$2,000

12.a. Nature of interest held or income received.

Tickets to Jazz @ Lincoln Center

12.b. Amount.

\$240

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Albert Biagas	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15 Union Sq. West</p> <p>City NY</p> <p>State New York ZIP Code + 4 10003</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Banking Relationship</p> <p>11.b. Approximate dollar value of such dealing. \$1,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift - 12/4/2004</p> <p>12.b. Amount. \$53.50</p>

Name of Person Filing Albert Biagas

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Calibre Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1050

Street 1850 K St., NW

City Washington

State District of Columbia ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Independent Auditor

11.b. Approximate dollar value of such dealing.

\$50,000

12.a. Nature of interest held or income received.

Business Lunch - 12/10/2004

12.b. Amount.

\$55

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Dewey Ballantine LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 Ave. of the Americas

City NY

State New York ZIP Code + 4 10019-6092

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Legal Counsel

11.b. Approximate dollar value of such dealing.

\$65,000

12.a. Nature of interest held or income received.

Golf Outing

12.b. Amount.

\$100

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Davidoff Malito and Hutcher LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 605 Third Ave.</p> <p>City NY</p> <p>State New York ZIP Code + 4 10158</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Legal Counsel</p> <p>11.b. Approximate dollar value of such dealing. \$65,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Golf Outing</p> <p>12.b. Amount. \$125</p>

